

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3		1					53	
4		3					54	
5		0					55	
6		0					56	
7		0					57	
8	1						58	
9		1					59	
10		1					60	
11		3					61	
12		0					62	
13		0					63	
14		0					64	
15			1		1		65	
16				1		1	66	
17				1		1	67	
18				1		1	68	
19				1		1	69	
20				1		1	70	
21				1		1	71	
22			1		1		72	
23				1		1	73	
24				1		1	74	
25				1		1	75	
26				1		1	76	
27				1		1	77	
28				1		1	78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		2		10			TOTAL IND.	
TOTAL DEP.		13		14			TOTAL DEP.	
TOTAL CLAIMS		15		24			TOTAL CLAIMS	

BEST AVAILABLE COPY